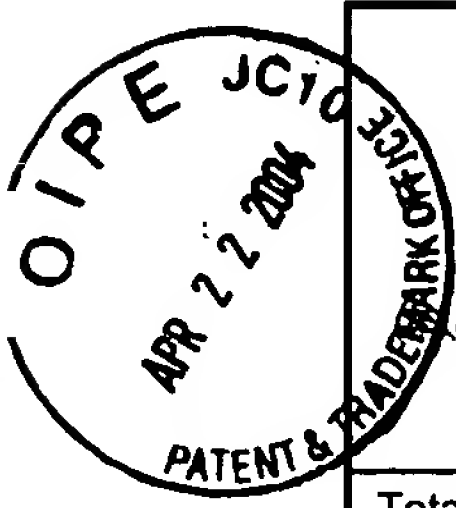


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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/877,933
		Filing Date	June 7, 2001
		First Named Inventor	JEFF GRAY
		Art Unit	1645
		Examiner Name	J. Hines
Total Number of Pages in This Submission	5	Attorney Docket Number	014907-001910US

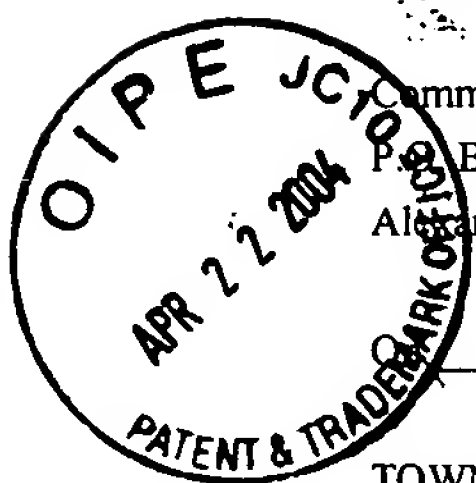
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
		Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Nathan S. Cassell Reg. No. 42,396
Signature	<i>Nathan Cassell</i>
Date	April 19, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jodie M. Rivas		
Signature	<i>Jodie M. Rivas</i>	Date	April 19, 2004

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United States Postal Service as first class mail in an envelope
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P.O. Box 1450
Alexandria, VA 22313-1450

4.19.04

TOWNSEND and TOWNSEND and CREW LLP

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GRAY et al.

Application No.: 09/877,933

Filed: June 7, 2001

For: DIAGNOSTIC ASSAYS FOR
DETECTION OF CRYPTOSPORIDIUM
PARVUM

Examiner: J. Hines

Art Unit: 1645

**RESPONSE TO RESTRICTION
REQUIREMENT**

Commissioner for Patents
PO Box 1450
Arlington, VA 22313-1450

Sir:

In response to the Office Action mailed March 19, 2004, please enter the
following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks/Arguments begin on page 4 of this paper.